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**Nurse Practitioners in Rural Primary Health Care in New Zealand:  
An Institutional Ethnography**

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## Abstract

Nurse practitioners are an effective and appropriate health workforce for delivering health services to underserved and rural populations. Since 2001, New Zealand has been registering nurse practitioners through a robust educational, regulatory, and legislative framework, and from 2014, all nurse practitioners are authorised prescribers. However, the numbers of nurse practitioners working in rural primary health care have been slow to materialise. Despite an ageing demographic, the increasing prevalence of long term conditions, ongoing health inequalities, and a declining rural medical workforce, there remains a persistence to pursue the general practitioner-led model of care.

The purpose of this study was to critically examine the work required to establish nurse practitioner services in rural primary health care in New Zealand. Institutional ethnography, developed by Dorothy Smith, provided the overall approach to the inquiry. The activities and experiences of people in local settings are textually organised by the institutional ruling relations. This inquiry explored the work and experiences that nurses undertook on their journey to become nurse practitioners and deliver services in rural primary health care, and how these were institutionally shaped and coordinated.

Interviews were initially conducted with nurse practitioners and nurse practitioner candidates as the primary informants. The interviews were analysed using a mapping technique to identify text-based work processes and show connections, tensions, and contradictions with authoritative or ruling texts. Further data was collected through secondary informant interviews and the tracing and identification of texts.

The findings revealed that there were multiple texts and discourses being enacted locally, which facilitated or hampered their work to become nurse practitioners. The ongoing institutional domination of medicine retained general practitioner-led primary care, despite policy and nursing professional texts that promoted social justice. Service fragmentation and frequent changes in policy, structure, and management of organisations at local and

national level, resulted in further challenges and work processes by the nurse practitioners to maintain and implement services. Together with the lack of a cohesive national policy and implementation framework for nurse practitioners, the opportunity for nurse practitioners to meet the health needs of the rural population of New Zealand continues to be discounted.

## Acknowledgements

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The seeds of this study began a long while back, and through that time many people have contributed their support, ideas, and stories, both those who I have worked with in multi-disciplinary teams, and those I've met along the way. Thank you.

Thank you also to the team at Te Tai Tokerau PHO: Rose Lightfoot has been a visionary nurse leader for many years, and CEO of the PHO; also to Maree Sharp whose energy to support NPs and NP candidates is extraordinary; and to Hemaima Reihana-Tait, a nurse leader and advocate for Māori health and the provision of nursing services.

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I was truly privileged to attend an institutional ethnography (IE) workshop at the University of Toronto with Professor Dorothy Smith and Dr Susan Turner in 2012, and then to skype in regularly to an IE group led by Dr Janet Rankin. To be in the presence of such great minds is humbling. At Massey we now have our own small IE group and I want to thank you for helping refine my thinking. A big thanks to Rhonda for reviewing my final draft.

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## Reading Notes

Abbreviations, listed on the following page, are used to improve ease and flow of reading. At times through the thesis I restate the full term to assist the reader.

I have chosen to write general practitioner in full (except where given in quotes or data) as 'GP' is often used interchangeably in the literature, and particularly policy documents, with general practice.

Notes are provided throughout the thesis for supplementary information or definitions, including terms that have a particular use in New Zealand.

## Translation of Māori terms used

Māori	the indigenous people of New Zealand, or tangata whenua, which means people of the land
Aotearoa	the Māori name for New Zealand. While several meanings for Aotearoa exist, the most popular is <i>land of the long white cloud</i>
iwi	tribe
hapu	sub-tribe
whānau	family, though in a broader context than the western/English definition of family
Tiriti o Waitangi	The Treaty of Waitangi is the founding document of New Zealand signed between Māori chiefs and the British Crown in 1840

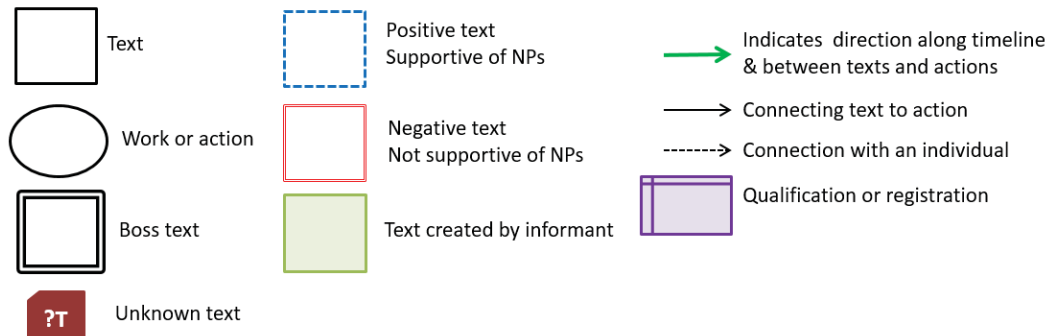
## Referencing Dorothy E. Smith

Given this approach to inquiry is based upon Dorothy E. Smith's work, references to her are given as Smith, rather than D. E. Smith. For example, (Smith, 2005), rather than (D. E. Smith, 2005). I have done this because I believe it helps the flow of the writing.

Other Smiths, who are first authors, are referenced using their initials, eg (G. W. Smith, 1995).

## Mapping Symbols

The mapping symbols used are given below, and I have repeated these at various times in the thesis for ease.



## Permissions

Permissions were granted to include three publications in the Appendices:

- Adams, Carryer & Wilkinson (2015) from Nursing Praxis New Zealand;
- Carryer & Adams (2017) from Collegian and Elsevier;
- Adams & Carryer (2017) from SAGE.

New Zealand Doctor gave permission to use graphics showing capitation before and after 2001 (reference: Topham-Kindley, 2015) (see Figure 5, page 185).

The American Academy of Family Physicians gave permission to use their diagram from their document (2012) comparing family physicians with nurse practitioners in terms of degrees required and completion (see Figures 6 & 7; pages 224 & 225).

## Abbreviations

AAFP	American Academy of Family Physicians
ACC	Accident Compensation Corporation
APN	advanced practice nurse
CEO	chief executive officer
CMA	Canadian Medical Association
DoN	director of nursing
DHB	District Health Board
ED	emergency department
GP	general practitioner
HDC	Health and Disability Commissioner
HFA	Health Funding Authority
HWNZ	Health Workforce New Zealand
IE	institutional ethnography
ICN	International Council of Nurses
IPA	Independent Practitioner Associations
MoH	Ministry of Health
NCNZ	Nursing Council of New Zealand
NGO	non-governmental organisation
NP	nurse practitioner
NPNZ	Nurse Practitioners New Zealand
NZ	New Zealand
NZMA	New Zealand Medical Association
OECD	Organisation for Economic Cooperation and Development
PA	physician assistant
PDRP	Professional Development and Recognition Programme
PHO	Primary Health Organisation
PRIME	Primary Response in Medical Emergencies
RHA	Regional Health Authority
RN	registered nurse
SMO	senior medical officer
UK	United Kingdom
US	US (of America)
WHO	World Health Organisation